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JUN 28 2002

State of South Dakota

S.D. SEC. OF STATE Candidate's or Committee's Report of Receipts and Expenditures

Candidates and candidate committees: File in the office where you filed your nominating petition. PACs, political party, ballot question and other committees: File with Elections Department, Secretary of State's Office, 500 E Capitol Ave, Pierre, SD 57501-5070 See pages 9 & 10 of the Guideline Book for specific instructions on completing this report. Name of Candidate or Committee / lask Delices Complete Mailing Address HCR 76 Box 1-B Belvider, 50 57521 Name of Person Making Report Mark Ochries If you are a candidate, what office are you seeking State If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed. Type of Report (See pages 4 & 5 of Guideline Book) post - primare For Reporting Period Ending (See pages 4 & 5 of Guideline Book) The following verification must be completed before submitting report. VERIFICATION OF PERSON MAKING REPORT (print name legibly), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete. Signature of Committee Treasurer or Chairperson Revised July 2001

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Name of Candidate or C		7002	
This schedule is used for rep but for this report you may com political parties and enter these the next page. Any contribution or political party and all contribute the amount, name, address and contributor has their own section space, or you may attach additional	sums as unitemized contribution of more than \$100 or aggregoutions from PAC's must be explace of employment (if applied note that it is sufficient to the control of the co	or less from individuals and ons on their respective lines be gate during a calendar year frontered as a separate item (item cable) of the contributor. Ea	the same from below and on om an individual nized) giving ch type of
	= = = = = = = = = = = = = = = = = = =	=======================================	
Unitemized Contribution	ons from Individuals:		*\$
Itemized Contributions	s from Individuals		ı
Name	Residence Address	Place of Employment (Name of Employer)	
Mik II. K L	HCD 76 Rox 3 Believe	1. 5053521 (self)	\$ <u>200</u>

\$ 25 24 Sondy Beach lerwyne NE 69146 Glenn Freeman \$ 100,50 Henry or Roxene Sox Box 37 Belvides, 50 5752 Self (roncher)

33 Ronch ILC HCR 76 Box 20 Belviden 5057631 Self (roncher) \$ 150.00 HCR 76 Box 20 Belvider SOSTER Self (rancher) \$_____

Total of Itemized Contributions from Individuals:

For the reporting period ending	g July 1, 280 C	
Schedule A - D	Pirect Contributions (continue	d)
Unitemized Contributions from	Political Parties:	*\$ <u>ø</u>
temized Contributions from Po	litical Parties	
Party Name	Address	
		\$
		\$
Total of Itemized Contribution	s from Political Parties:	*\$ of
PAC Name	Address	s s
		\$
		\$
		\$
		\$
		\$
		\$
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		\$ \$
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		\$\$
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		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$

Name of Candidate or Committee / art / lunca			
For the reporting period ending July 1,7002			
Schedule B - Fund-Raising Events Procee	ds		
List on this schedule fund-raising events held to raise money for the candidate and derived from each event. If a contributor gives more than \$100 or their contribution aggregate being more than \$100 in the calendar year, those contributions must be in	on resul	ts in the	ir
Type of Event Net Proceeds			
	_		
TC :====================================	otal: =====	\$ =====	<u>Ø</u>
Schedule C - In Kind Contributions			
Report all non-cash contributions of goods or services and the estimated fair marke exceeds \$100, the name of the contributor, residence address and place of employing	t value. nent mu	If the st be re	value ported.
Nature of Non-Cash Contribution Estimated Value	Name	of Co	ntributor
_			
T(====================================	>tal: ======	\$:====	ø =======
Schedule D - Other Income			
Use this schedule to report any refunds, interest earned or other income which is no	ot a dire	ect contr	ribution.
Source of Income Amount			

Name of Cand	idate or Commi	ttee <u>lark Delries</u>	<u> </u>
For the repo	rting period e	Schedule E - Expenditures	
provided for repo	rting common expen	ares relating to a candidate's campaign. ses. All other expenses should be listed be listed individually.	Line items have been 1. All contributions to
Item	Amount	Contributions Made to Can	didates and Committees
Advertising	703.00		
Consulting		Tripp County Re	publican Party 25.0
Postage			,
Printing	175.80	Mellette Canty Republi	can Party 15.00
Rent		Jackson Country Repub Lyman Country Repub	lican Porty 15.00
Salaries		Lyman Country Repul	blicantarty 40.00
Telephone		J	
Travel	100.00		
Utilities		•	

Other Expenses:

Total Expenditures: \$ 1079.07

Name	of	Candidate	or	Committee _	Ma	r	Delain	
For t	he	reporting	per	iod ending_	July	1,	2002	
				Schedule F	- Dehts	anc	1 Obligations	

This schedule is to report all of the candidate's campaign obligations which are unpaid at the end of the reporting period. If a service has been contracted but not billed, estimate the amount of the obligation.

Owed To

Purpose

Amount

Total Obligations: \$_____

Name	e of Candidate or Committee	& Delinis		
For	the reporting period ending Sule	1,7007		
	Summary	/ Page		
This Pleas	summary sheet will give a brief outline of all campa e transfer all totals from the schedules previously co	ign finance activity during this rempleted.	eporti	ing period.
1.	Amount on hand, if any, at beginning	g of reporting period	\$	Ø
2.	Receipts			
	Schedule A - Direct Contributions	\$ <u>475.00</u>		
	Schedule B - Fund-Raising Events	\$		
	Schedule C - In Kind Contributions	\$Ø		
	Schedule D - Other Income	\$		
	Total of all receipts	s 475.00		
з.	Total Monetary Receipts (A+B+D)		\$	475.00
4.	Candidate's Personal Contribution t	o Own Campaign	\$	620.0
5.	Monetary Loans to Candidate or Comm Reporting Period	ittee During	\$	Ø

Monetary Loans Repaid During Reporting Period

Amount on hand at the close of this reporting period. This should equal lines (1+3+4+5)-(6+7)

Expenditures - Schedule E

Unpaid Obligations - Schedule F

6.

7.

8.

9.

s 15.93

Appendix C

State Capitol, Ste 204 500 East Capitol Avenue Pierre, South Dakota 57501-5070 sdsos@state.sd.us

Secretary of State



JOYCE HAZELTINE

Secretary of State

TOM LECKEY Deputy

State of South Dakota

Voluntary Statement of Organization for a Political Action or Ballot Question Committee

State law does not require new political action (PAC) or ballot question committees to register with the Secretary of State. Law does however require these committees to file campaign finance reports periodically following the commencement of political activity. This voluntary registration form will give the Secretary of State the information necessary to send your committee the proper reporting forms prior to the deadline for filling.

FULL NAME OF COMMITTEE:
MAILING ADDRESS:
COMMITTEE TREASURER:
PHONE:
TYPE OF COMMITTEE (PAC or Ballot Question): f you are a ballot question committee, please also indicate the measure which you are supporting or opposing.
Date:Signature of person submitting voluntary registration

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